



Incident Report

Print Date/Time: 10/14/2016 10:28
Login ID: ss0100

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00020024

Incident Date/Time: 10/7/2016 4:43:00 AM
Location: SR 204 / 81ST AVE SE
LAKE STEVENS WA 98258
Phone Number: (404) 437-1267
Report Required: Yes
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19N1	SS0126-Hingtgen

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	SIDDIQUE, MO	2326 88TH DR NE LAKE STEVENS WA 98258		Asian-Pacific Islander	Male	11/01/1981

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car	2014	Nissan	MAXIMA		APX7045	WA

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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10/07/2016 : 04:44:51 sp0204 Narrative: LR204

10/07/2016 : 04:44:26 sp0204 Narrative: RP PULLED TO SIDE OF RD, IS A GRY NISSAN MAXIMA

10/07/2016 : 04:44:18 sp0204 Narrative: ON SR 204, HIT AND RUN, NONINJ, NONBLKING, SUS IS DK BLU OR BLK MAZDA MIATA, UNK L#, LS EB ON 81ST,

COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E594875**CASE # **2016-00020024**LOCAL AGENCY
CODINGTOTAL # OF
UNITS **02**OBJECT
STRUCKTRIBAL
RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **10** - **07** - **2016** **0443** **31** N ☐ E ☐ IN ☒ S ☐ W ☐ OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒**SR 204**BLOCK NO. ☒
MILE POST**8500**

DISTANCE

OF (REFERENCE OR CROSS STREET)

500**00**

MILES

☒ N ☐ E ☒ S ☐ W**81ST AVE SE**

UNIT 01

MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

LAST NAME

UNKNOWN

FIRST NAME

MIDDLE
INITIALSTREET
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

STATE

SEX

UD.O.B.
MMDDYYYY

-

-

ON DUTY ☐

STATUS

AIRBAG

9

RESTR.

9

EJECT

9HELMET
USE**9**INJURY
CLASS**0**

NATURE OF INJURIES

LICENSE
PLATE #

STATE

VIN#

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

MAKE

MAZD

MODEL

MIATA

STYLE

CVVEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOV'T. VEHICLE
YES ☐ NO ☒

REGISTERED OWNER INFO.

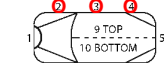
LIABILITY INSURANCE
IN EFFECT ☐INSURANCE CO
& POLICY #VEHICLE
LEGALLY
STANDING ☐ YES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 1

SHADE IN DAMAGED AREA



UNIT 02

MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐PEDESTRIAN ☐PROPERTY
OWNER ☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

D: 4044371267

LAST NAME

SIDDIQUE

FIRST NAME

MOHAMMEDMIDDLE
INITIAL**S**STREET
NEW ADDRESS**2326 88TH DR NE**

CITY

LAKE STEVENS

ST

WA

ZIP

98258

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #**SIDDIQS191QA**

STATE

WA

SEX

MD.O.B.
MMDDYYYY**11**

-

01

-

1981ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1HELMET
USE**2**INJURY
CLASS**1**

NATURE OF INJURIES

LICENSE
PLATE #**APX7045**

STATE

WA

VIN#

1N4AA5AP1EC464145TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

MAKE

NISS

MODEL

MAXIMA

STYLE

4DVEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOV'T. VEHICLE
YES ☐ NO ☒

REGISTERED OWNER INFO.

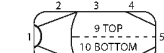
MOHAMMED SIDDIQUE 2326 88TH DR NE LAKE STEVENS WA 98258LIABILITY INSURANCE
IN EFFECT ☒INSURANCE CO
& POLICY #**GEICO 4173105869**VEHICLE
LEGALLY
STANDING ☐ YES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 2

SHADE IN DAMAGED AREA



OFFICER'S NAME (PRINT)

M. HINGTGEN

BADGE OR ID #

126

AGENCY

WA0311900

PART A 3000-345-159 R (7/06)

PAGE 01 OF 3


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E594875**CASE # **2016-00020024**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Veh 1 was attempting to pass Veh 2 in approximately the 8500 blk of SR 204. Veh #1 was in lane 1, Veh #2 was in lane 2. While attempting to pass, the driver of Veh #2 stated the driver of Veh #1 lost control of his vehicle and it slid into the drivers side of Veh #2. After the impact, Veh #1 did no stop and appeared to flee north on 81st Ave SE.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

M. HINGTGEN
10-08-16 06:14 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

BOB SUMMERS 0079
10/12/2016 9:43:37 PM
BADGE OR ID # **126**ORI # **WA0311900**TIME POLICE DISPATCHED **4:46 AM**TIME POLICE ARRIVED **4:54 AM**

REPORT NO. E594875

CASE # 2016-00020024

DATE AND TIME
OF COLLISION 10/07/16 04:43



Not to Scale

8500 SR 204

